

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
NOV 23 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0005
Date: 1-16-16
Amount Paid: \$175
Refund: 1-16-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: MARK PERI		Mailing Address:		City/State/Zip:		Telephone:		Cell Phone:		Plumber Phone:		Written Authorization Attached		Plumber: CARLE, W.F.	
Address of Property: 44150 Dixon Drive		Contractor Phone: 273-8127		Agent Phone: 567		Agent Mailing Address (include City/State/Zip): 273-8127		2083 STANBURY DR SW		Recorded Document (i.e. Property Ownership) Volume 975		Subdivision: N/A		Pages: 216	
PROJECT LOCATION: 1/4, 1/4		Gov't Lot: 1/4		Lot(s): 62		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Recorded Document (i.e. Property Ownership) Volume 975	
Section 10, Township 43 N, Range 6 W		Town of: N/A		Distance Structure is from Shoreline: 78 feet		Distance Structure is from Shoreline: 78 feet		Is Property in Floodplain Zone? Yes No		Are Wetlands Present? Yes No		Acreage: 2.4			

Value at Time of Completion * include donated time & material \$ 1560	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: (Existing) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: (Existing) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: (Existing) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	Specify Type: (Existing) Sanitary	<input type="checkbox"/> Well
<input checked="" type="checkbox"/> Deck	<input type="checkbox"/> Foundation	<input type="checkbox"/> 10 x 16	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	Specify Type: (Existing) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> None	<input type="checkbox"/> Foundation	<input type="checkbox"/> 10 x 16	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	Specify Type: (Existing) Sanitary	<input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 48'	Width: 34'	Height: 22'
Proposed Construction:	Length: 10'	Width: 14'	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	()	()
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
Commercial Use	<input type="checkbox"/>	with Loft	()	()
	<input type="checkbox"/>	with a Porch	()	()
Rec'd for Issuance	<input type="checkbox"/>	with (2nd) Porch	()	()
	<input type="checkbox"/>	with Deck	()	()
Municipal Use	<input type="checkbox"/>	with (2nd) Deck	()	()
	<input type="checkbox"/>	with Attached Garage	()	()
Secretarial Staff	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
	<input type="checkbox"/>	Mobile Home (manufactured date)	()	()
Rec'd for Issuance	<input type="checkbox"/>	Addition/Alteration (specify)	()	()
	<input type="checkbox"/>	Accessory Building (specify)	()	()
Secretarial Staff	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	()	()
	<input type="checkbox"/>	Special Use: (explain)	()	()
NOV 30 2015	<input type="checkbox"/>	Conditional Use: (explain)	()	()
	<input type="checkbox"/>	Other: (explain)	()	()

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 11/19/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 11/19/15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 2083 STANBURY DR SW Washburn, WI 54891
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

DOE FOR SERVICE APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

enclosed below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	80 Feet	Setback from the Lake (ordinary high-water mark)	230 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	250 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	NA Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 467317	# of bedrooms: 4	Sanitary Date: 8-8-05			
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0005	Permit Date: 1-6-16						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Granted by Variance (B.O.A.)	Case #:	Was Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District	141
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Lakes Classification	(,)
Inspection Record:	OK						
Date of Inspection: 11-24-15	Inspected by: JAC					Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
OK To Start							
Signature of Inspector: J. T. Kelly		Date of Approval: 11-23-15					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

(3)
(2)
(1)
jeq xog au

Waukegan County, WI



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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

APPLICANT FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
NOV 17 2015

Bayfield Co. Zoning Dept.
TO APPLICANT.

Permit #:	116-0000
Date:	1-16-16
Amount Paid:	\$1285
Refund:	1-16-16

* Attach separate
 Provide names
solely response

11

JACENT

Provide names
solely response

TYPE OF PERMIT REQUESTED →		LAND USE	SANITARY	PRIVATE	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER	
Owner's Name:		KELLY NELSON					Mailing Address:		
Address of Property:		4520 S CHICAGO AVE					City/State/Zip:		
Contractor:		PAUL YERCHOT BUILDER					Plumber:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PAUL YERCHOT					Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION		LEGAL DESCRIPTION: (Use Tax Statement)					Recorded Document (i.e. Property Ownership)		
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
Section 2, Township 43 N, Range 4 W		Town of:		Mankato		Subdivision:		Cottland Rest	
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes---continue →		Distance Structure is from Shoreline: 58 feet		Is Property in Floodplain Zone?		Are Wetlands Present?	
Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone?		Are Wetlands Present?	
Non-Shoreland		Land Use		Sanitary		Private		Conditional Use	
Special Use		B.O.A.		Other		B.O.A.		Other	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 375,600 1	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Horizontal</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <u>Vaulted</u> (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 75	Width: 45	Height: 8' 4"
Proposed Construction:	Length: 75	Width: 45	Height: 19' 1"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(30' X 45')	1350
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(15' X 16')	240
	with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	with a Deck	(9' X 57')	513
	with (2 nd) Deck	(X)	
	with Attached Garage	(24' X 26')	624
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/> Accessory Building (specify) _____	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/> Conditional Use	_____		
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	(X)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/> Other: (explain) _____	(X)	

By signing this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner's

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement

Sketch your Property (regardless of what you are applying for)

- Location of: **Proposed Construction**
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	40 Feet	Setback from the Lake (ordinary high-water mark)	58 Feet
Setback from the Established Right-of-Way	16 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	58 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	48 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	13 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	59 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	10 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

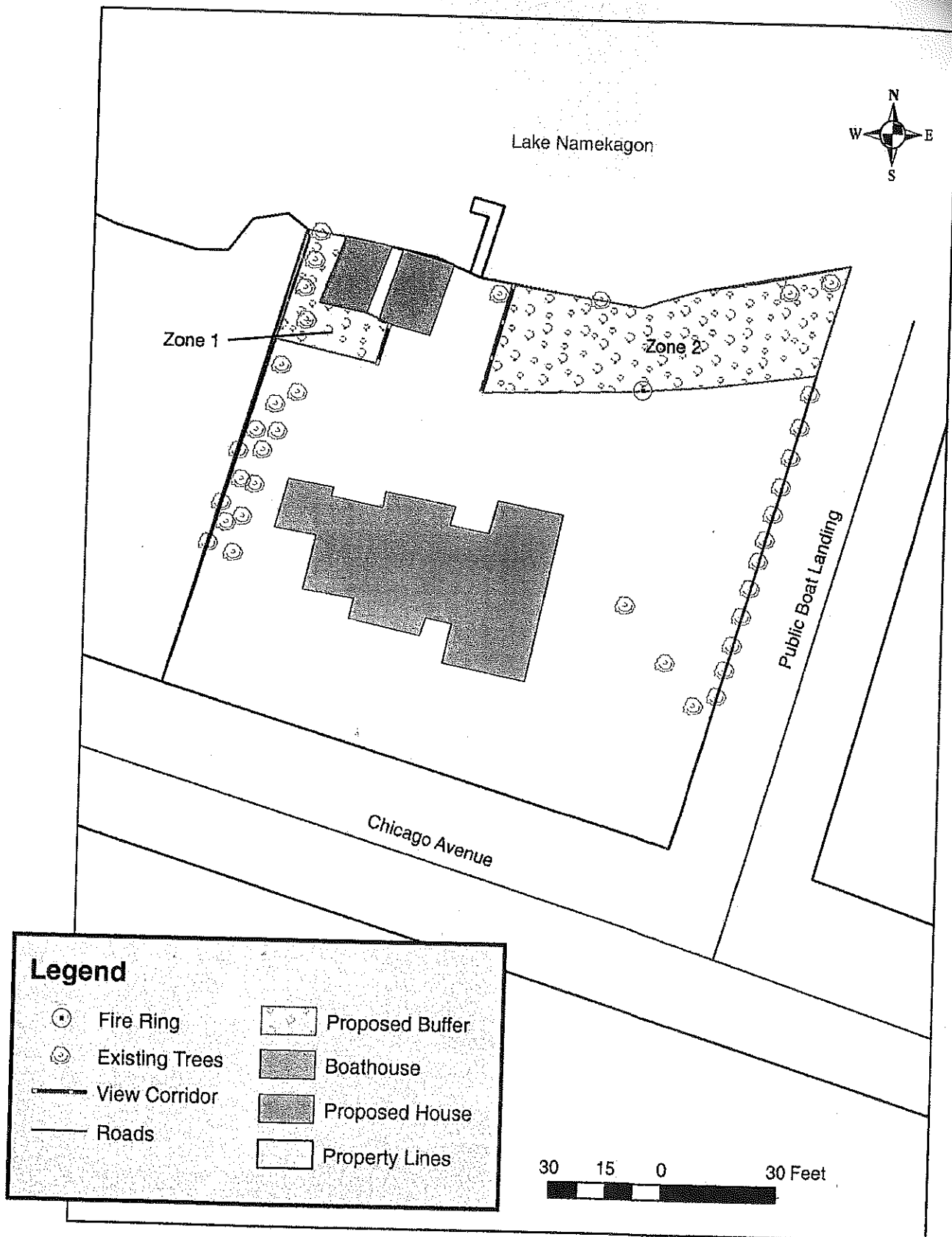
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>B-16SS</u>	# of bedrooms: _____	Sanitary Date: <u>12-14-15</u>
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>116-0006</u>		Permit Date: <u>1-6-16</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		Yes <input checked="" type="checkbox"/> (Deed of Record) Yes <input checked="" type="checkbox"/> (Fused/Contiguous Lot(s)) No <input type="checkbox"/>	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Case #: <u>14-068</u>	Previously Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Was Parcel Legally Created Was Proposed Building Site Delineated		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>OK T. Start.</u>		Case #: _____		
Date of Inspection: <u>11-17-15</u>		Inspected by: <u>QC</u>		Zoning District Lakes Classification (<u>R1</u>)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <u>Must get vdc.</u> <u>Must comply with Best Mgmt Practices.</u> <u>Must comply with BOA</u>				
Signature of Inspector: <u>Shawley</u>		Date of Approval: <u>12-14-15</u>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

Nelson Site Map



V1126 P950